



TAP NEWS

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## Beware Fake Consent Forms

Wed 10:53 am +01:00, 1 Nov 2023

posted by Tapestry

### A short post on how fake informed consents were obtained for COVID vaccines in some jurisdictions

#### Written by me in April 2021, but relevant as we consider litigation for COVID crimes

MERYL NASS  
NOV 1



<https://anthraxvaccine.blogspot.com/2021/04/how-governments-fool-you-into-thinking.html>

#### How governments fool you into thinking you have given a legal consent, when you haven't

Much of the country has been induced to undergo an illegal procedure (becoming an experimental subject without informed consent) by federal and state governments.

The government has knowingly violated the law. The law says that subjects cannot be offered valuable benefits to participate as a research subject, nor can they be coerced.

The law says an Institutional Review Board (IRB) must review the experiment and approve it, which has not been done.

What IRB would approve an experiment in which hundreds of millions participate but few data are collected?

Or approve an experiment that fails to provide informed consent?

None. They would break the law if they approved it.

The law furthermore says that subjects must be given informed consent. Below I have reproduced a form that claims to be a consent form, from Rhode Island, but it is not. It does not list the potential risks and benefits of the vaccine. It offers no benefits to subjects sickened by the vaccine, suggesting only that they notify their doctor if they become ill. It fails to inform them of the Countermeasures Injury Compensation Program, which is the subjects' only avenue to receive benefits if they are injured by an experimental vaccine.

The US government has created a "fact sheet" for vaccine recipients, and this consent form asks recipients to say they have "viewed" the fact sheet. It does not ask them to say they have "read" the sheet, nor that they have been given the opportunity to ask questions, nor to say that anyone has explained the risks, benefits and alternatives to them. Normally, an informed consent form lists possible risks and benefits and subjects sign a paper which has that information on it. In the case of Covid vaccines, the "fact sheet" is separate from the so-called Consent Form. How many have received the form or read it remains undocumented.

Below is what purports to be the consent form for Covid vaccination in the state of Rhode Island. It is not. It is simply a piece of paper that is designed to make subjects think they have been consented, with the hope that this will preclude lawsuits. It is an example of **willful misconduct** by federal and state authorities. Acts of willful misconduct should cost them the liability shield granted by the PREP Act.

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### COVID-19 Vaccination Consent Form 2020-2021

Last Name (Please print)		First Name	MI	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City		State	Zip
Phone Number		Email		Name of Primary Care Provider		
SCREENING FOR VACCINATION ELIGIBILITY						
1. Are you pregnant?				Yes	No	
2. Are you currently breastfeeding?				Yes	No	
3. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any vaccine or injectable therapy, or a history of anaphylaxis due to any cause?				Yes	No	
4. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of a COVID-19 vaccine, including lipid nanoparticles or polyethylene glycol (PEG)?				Yes	No	
5. Have you received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days?				Yes	No	
6. Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days?				Yes	No	
7. Are you under age 16?				Yes	No	
8. Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.?				Yes	No	
9. Do you have a bleeding disorder or are you taking a blood thinner?				Yes	No	
10. Have you tested positive for COVID-19 in the last 10 days?				Yes	No	
11. Are you currently in quarantine for COVID-19 exposure?				Yes	No	
12. If this is your second dose, when was the date of your first dose?				/	/	
13. If this is your second dose, which vaccine did you receive (Pfizer, Moderna, etc.)?						
CONSENT FOR VACCINATION						
I will have reviewed my answers to the questions above with the vaccinator. If I experience any adverse reactions after leaving, I will notify my primary care provider. I have viewed the Emergency Use Authorization Fact Sheet provided to me today. I understand the benefits and risks of the vaccine.						
The vaccine checked above should be given to the person named above for whom I am authorized to make this request. I understand that I can review a Notice of Privacy Practice at the time of vaccination.						
Signature of Parent/Guardian/Patient _____ Date _____						
FOR ADMINISTRATIVE USE ONLY VIS Date: _____						
Vaccine	Date Vaccination and EUA Given:	Route IM / I / L	Manufacturer	Lot No.	Printed Name and Signature of Vaccine Administrator	

ver. 12/21/20

<https://health.ri.gov/forms/consent/COVID19-Vaccination.pdf>

- Are you pregnant?  
**IF YES: Please ask the patient whether they discussed vaccination with a medical provider. Patients who are pregnant may choose to be vaccinated whether they discussed vaccination with a medical provider or not.**
- Are you currently breastfeeding?  
**IF YES: Please ask the patient whether they discussed vaccination with a medical provider. Patients who are lactating may choose to be vaccinated whether they discussed vaccination with a medical provider or not.**
- Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to a vaccine or injectable therapy, or a history of anaphylaxis due to any cause?  
**IF YES: Please ask the patient whether they discussed vaccination with a medical provider. If they have, allow vaccination to proceed. Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:**
  - Persons with a history of anaphylaxis: 30 minutes
  - All other persons: 15 minutes
- Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of the vaccine, including lipid nanoparticles or polyethylene glycol (PEG)?  
**IF YES: Do Not Vaccinate**
- Have you received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days?  
**IF YES: Do Not Vaccinate**
- Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days?  
**IF YES: Do Not Vaccinate**
- Are you under age 16?  
**FOR PFIZER VACCINE, IF YES: Do Not Vaccinate**  
**FOR MODERNA VACCINE, IF UNDER AGE 18: Do Not Vaccinate**
- Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.?  
**IF YES: Have patient discuss existing symptoms with a medical provider.**
- Do you have a bleeding disorder or are you taking a blood thinner?  
**IF YES: Have patient discuss with a medical provider. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.**
- Have you tested positive for COVID-19 in the last 10 days?  
**IF YES: Do Not Vaccinate**
- Are you currently in quarantine for COVID-19 exposure?  
**IF YES: Do Not Vaccinate**
- If this is your second dose, when was the date of your first dose?  
**Do Not Vaccinate if less than 17 days ago for Pfizer, or less than 24 days ago for Moderna.**
- If this is your second dose, which vaccine did you receive (Pfizer, Moderna, etc.)?  
**Ensure that the second dose is from the same manufacturer as the first dose. If different: Do Not Vaccinate.**

ver. 12/21/20

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